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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/501,116
	Filing Date	07-12-2004
	First Named Inventor	Andrzej SZAJDECKI
	Art Unit	2186
	Examiner Name	Alsip, Michael
	Attorney Docket Number	LHUD-03401-UUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

33794

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

33794

OR

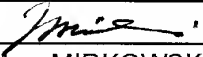
<input type="checkbox"/> Firm or Individual Name			
Address			
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Country			
Telephone		Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jaroslaw MIRKOWSKI		
Date	11/07/2007	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Signature

Name

Janusz SZAJNA

Date

11/07/2007

Telephone

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Jm